



COLORADO

Department of Health Care
Policy & Financing

Senior Dental Advisory Committee Meeting Minutes

225 East 16th Avenue, Conference Room 11 B
March 1, 2016

1. Call to Order

Linda Reiner called the meeting to order at 2:08 p.m.

2. Roll Call

There were sufficient members for a quorum.

A. Members Present

Diane Brunson, Matilda Bottenbley, Linda Reiner, Todd Coffey, Alan Kislowitz

B. Members on the Phone

Thomas Lavery, Carol Niforatos

C. Members Excused

Sally Ryman, Keith Clear

D. Staff Present

Nancy Dolson, Chandra Vital, Cynthia Miley

3. Approval of Minutes

Diane Brunson motioned to approve the minutes of the meeting, **Todd Coffey** seconded the motion. Motion passed

4. Denture Policy

- Complete and partial dentures are inserted after teeth have been extracted and the gum and bone tissue have completely healed
- The Senior Dental Grant Program does not reimburse for immediate dentures at this time. This is the same policy as the current Medicaid program as well as the former OAP grant program



- In August the Colorado Gerontological Society came forward with concerns about seniors not receiving dentures until complete healing occurs. The concern is that seniors do not want to go without teeth during the healing time period because of the impact on their ability to eat their usual foods and the impact on their self-confidence. Some seniors may forgo getting dentures because of these concerns
- We received a proposal in January to allow a dentist to provide dentures immediately after extraction with re-aligns up to six months after insertion.
- As with the current policy the grant program will only pay for one set of dentures
- **Diane Brunson** –After talking to professors at the University of Colorado School of Dental Medicine it certainly makes sense to be able to cover both permanent dentures and/or immediates. I would be in support of changes to the policy so that we can cover immediates. My understanding is that you can place permanent dentures, you could replace them or do immediate. They would all have a 5-7 year life span.
- **Thomas Lavery** – I’m not big on immediates mainly because you end up remaking them. It really increases costs, I don’t think it’s a good idea and the provider will end up eating the costs when they have to remake them.
- **Diane Brunson** – I wonder whether the policy should allow the dentist to make the choice for either/or. If they have to remake them then they have to eat the cost because it was their choice to make the immediates to start with
- **Thomas Lavery** – My issue is that we will have providers in town that will do that and won’t eat the cost but will instead send them to the local FQHC to redo them.
- **Carol Niforatos** – We strongly recommend the traditional denture process and it is the most commonly provided denture service at our facility. There are some situations that the patient really wants an immediates and sometimes will pay out of pocket for the immediates even if they qualify for Medicaid. It’s been a very well received treatment. I am supportive of adding the immediate benefit but it is so important that the patient realize that they may end up paying something because of having this convenience.
- **Todd Coffey** - Would it be possible to put language in there that if a dentist elects to provide immediate they would be responsible if it fails
- From a policy perspective we can say this is our expectation, if you are going to make the decision for the client that they are a candidate for an immediate denture, if that should fail and a permanent denture or complete denture is needed that would be done at no additional cost to the client or the program
- **Alan Kislowitz** – In my mind if are talking about adding a benefit that we don’t see in the commercial world or in Medicaid and with the budgetary constraints it doesn’t sound right
- If the dental grant program has a policy different from the Medicaid program it can be a bit confusing
- **Carol Niforatos** – I do support an either or option, in my own practice with patients I like to have a happy patient and an informed patient. I am very careful to educate the patient and they understand that it really is an either or option



- **Thomas Lavery** – I’m ok with it being an either or proposition. My concern is that it is a different benefit than Medicaid
- **Todd Coffey** – Would like to add amendment to include language that states if a dentist choosing to make an immediate denture and it fails that dentist is responsible to then make the permanent denture.
- When an immediate denture needs to be fixed I have to send the patient to a different provider because they refuse to go back to the initial dentist and so the program ends up paying for another set of dentures.
- **Matilda Bottenbley** – I do favor the choice, not everyone is the same. What is good for one person may not be good for another. Ultimately it should be the patient’s choice given the proper advice from the provider to make that choice.

5. Public Comment

- **David Martinez** – I’ve had trouble with my teeth for many years. I finally got a grant and had my extractions done over a period of a few months. It’s mostly impacted my eating, I am currently on baby food. I’ve become more introverted and not interacting with people like I usually do. I’m very grateful for this grant and I’m looking forward to the future.
- **Dr Jeff Hurst** – I served on this committee for 10 years under two governors. When I was on this committee we put immediate dentures in as part of the coverage. The immediate denture allows for healing of the ridge, it stops the immediate bleeding, it prevents food from getting in the sockets that are left over from the taking out the teeth. It also shapes the ridge so that the final denture that is made will fit properly. I speak in favor of you putting the immediate denture back in as an option. It can’t be used all the time but if you make the immediates correctly they can last 5-8 years. There are a lot of problems we can avoid by keeping these patients healthy cause if they can’t eat right it effects the rest of their body.
- **Janet Beckley** – I had my teeth pulled 7 months ago. It has changed my whole personality. I’m grateful for the program. I’m a young 67 year old I should be out working part time. I’ve been depressed, i don’t go out, my friends look at me differently. We are going on 4 sets of dentures, I finally asked to see the dentist and they did another set of impressions, I’m looking at the first of April before I have any teeth I can wear again. I just wanted to voice my concerns.
- **Dr Jared Lenox & Sarah Tilleman** – We are in agreement with what Dr Lavery has said. We have concerns about the quality and how most immediates turn out. We as a public health dental clinic are the ones who make sure people financially can get what they need. Our concern is if an immediate doesn’t work out and they need that complete denture they are back at square one. Unfortunately we see it at such a high rate at our clinic. A policy that we have is if a patient really wants an immediate even if it’s not necessarily the doctors preference in the treatment plan has to speak to the dental director to make sure they fully understand the choice they are making. Extremely common place that other state programs do not cover



immediate. We understand the inconvenience of asking clients to wait 12 weeks without teeth but we also understand the importance of having an outcome that means they will have a denture that will last 7 years that they will want to wear that will not cause them problems. If we have to choose as a clinic we are moving towards emphasizing the positive outcomes attributed to a complete denture. The conventional denture has more predictability and you can work with the patient to achieve really good aesthetics. Realizing the difference between the codes is important too and realizing that 5110 & 5120 are not placed right after the teeth are extracted. The tissue needs to heal. What we are looking at is getting our patients predictable treatment results that last a longer amount of time. I feel like that is a lot easier to do and a lot more manageable with a conventional denture. We do not do temporaries, we let the tissue heal first. The immediate denture does help heal and creates a nice ridge, it's like a band aid. If both could be covered that would be ideal but choosing between the two I want to choose the one that will be a more predictable long term. We are concerned that our clients get advice from other places in the community and it is a misperception issue when they think that our clinic is withholding something from them. We are the ones that deal with the repercussion of what they hear from other places in the community. The immediate denture and complete denture is about the same cost. I don't want all the burden to come back on my providers to try and explain why they can or cannot have something.

- **Josh Freibery**– I represent a family owned practice. There is truth to what everyone is saying. The biggest concern that we have is not having a choice. As providers we have to make tough choices every day when helping patients make decisions about treatment. It's tough to be pigeon holed into one space. We see a very high success rate with immediate dentures, we have also seen cases where they have not been done correctly and have been dropped in our lap. We need to have the option to sit down and discuss with the client on a case by case basis to make that determination.
- **Eileen Doherty** – I crafted the language in front of you, perfectly open to having the language recrafted. It is possible from my perspective that those in Grand Junction, Fort Collins, or the FQ may end up with the patients that get treated by the private dentists who may be put in an immediate denture and then it has to be redone. If you live in the metropolitan area your choice to go to an FQ for dentures services is pretty much non-existent. They don't have the capacity to deal with that many patients. There is a larger population in the metropolitan area so more are going to private dentist. If something happens it's usually the private dentists that are on the line for making it work. Commercial insurance will also not pay for two sets of dentures. A number of the private dentists tell us they do not know how to work with Medicaid, the private dentists are looking for the opportunity to do immediate dentures. I would hope that the overall goal of this program is to is to really make people healthier.



- **Jennifer Goodrum** – We have done research and outreach to our providers to see where people fall on this issue. All in our leadership are in agreement to have the choice. Those that we have heard from are having a lot of success in those cases where they feel that the patient is an appropriate candidate for immediate dentures. The former OAP program did for a period of time cover immediate dentures. Have reached out to private plans and it is standard, you can have either or. There are some ways that limitations can be added. Would be important that the codes be listed separately.

6. Board Action

- **Diane Brunson** motioned to include the provision of either or and allow the immediate 5130 & 5140s to be used once per lifetime, **Matilda Bottenbley** seconded. **Linda Reiner, Todd Coffey, Diane Brunson, Carol Niforatos, Matilda Bottenbley** for. **Alan Kislowitz** and **Thomas Lavery** oppose. Motion passed.

7. Timeline and Process for FY 2016-17 Contracts

- Will be sending out intent letter to grantees for them to sign and return, within 30 days of receiving intent letter will send out contract acceptance letter with the current funding for their contract.
- Wanted to extend current contract but there are some minor changes that need to be made in the contract so we will have new contracts signed
- Continued funding was put into the governors proposed budget with no challenges, expect that the \$3 million will continue for this program
- We currently have spent almost \$1.5 million
- Did have to move some money around will be looking again in April to see who has money left over
- Served about 1,500 seniors so far

8. Schedule for Next Meeting

9. The meeting was adjourned at 3:36 p.m.

The next scheduled meeting TBD

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the Chandra Vital at 303-866-3698 or chandra.vital@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting.

